



**CANDIDATE
POLITICAL INQUIRY FORM
KCBS
LOS ANGELES, CA**

Non-Federal

Special Election: ☐

Primary Window: ☐

General Election

X

Out of Window: ☐

RECORD OF REQUEST: Broadcast Time/Flight Dates:

4Q '12

NAME OF REQUESTOR:

Karen Silberstein

1. NAME OF AD AGENCY:

The Media Place

217 Conejo Rd

Santa Barbara, CA 93103

805-957-1091

2. ORGANIZATION PAYING FOR TIME:

SAN MANUEL BAND OF MISSION INDIANS

26569 Community Center Dr

Highland, CA 92346

909-864-8933

Gary Crummitt, Treasurer

3. ORGANIZATION PROVIDING COMMERCIAL

Same as Item 2

4. BROADCAST TO FAVOR ISSUE/BALLOT/CANDIDATE:

local or state legally qualified candidate	Federal Candidate	Issue Advocacy, Other Non- Candidate
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5. PRODUCT OR CATEGORY: (circle or highlight)

6. POLITICAL PARTY OR OFFICIAL AFFILIATION:

7. DATE OF REQUEST

3/20/12

8. NATURE OF REQUEST:

(a) Request for Legally Qualified Candidate

(b) Request for ISSUE card

(c) Other request or notes as stated below

X

Requesting political rate card all dayparts, all programs, all levels rates :30's.

9. DISPOSITION MADE OF REQUEST

(a) Granted

X

(b) Denied (reason)

(c) Withdrawn (reason)

(d) Avails offered

X

10. SUBSEQUENT DEVELOPMENTS

See File

11. AMOUNT OF CHARGES – see order (s) under candidate name in public file folder. If appropriate. Please note that local/state issues that are not related to matters of national significance, the support or opposition of a FEDERAL CANDIDATE or national interest will include this POLITICAL FORM and DISCLOSURE information, sans orders not required for file. Please contact the Political Specialist for additional inquiry.

CBS EMPLOYEE COMPLETING FORM

Signature: _____

name typed: _____

completing form: _____

Cheryl Ciccone, KCBS Political Specialist

I Cruz for Cheryl Ciccone, 11/26/12